



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5950

SERIAL NUMBER 10/829,074	FILING OR 371(c) DATE 04/21/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. CRD0931CIP
APPLICANTS Robert Falotico, Belle Mead, NJ; Gregory A. Kopia, Hillsborough, NJ; Gerard H. Llanos, Stewartsville, NJ;				
** CONTINUING DATA ***** This application is a CIP of 09/850,293 05/07/2001 ABN which is a CIP of 09/575,480 05/19/2000 and claims benefit of 60/204,417 05/12/2000 and claims benefit of 60/262,614 01/18/2001 and claims benefit of 60/262,461 01/18/2001 and claims benefit of 60/263,806 01/24/2001 and claims benefit of 60/263,979 01/25/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/27/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <u>Skennedy</u> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
ADDRESS 45511				
TITLE Drug/drug delivery systems for the prevention and treatment of vascular disease				
FILING FEE RECEIVED 1660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5950

SERIAL NUMBER 10/829,074	FILING OR 371(c) DATE 04/21/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. CRD0931CIP
------------------------------------	-----------------------------------------------------------	---------------------	-------------------------------	------------------------------------------

APPLICANTS
 Robert Falotico, Belle Mead, NJ;
 Gregory A. Kopia, Hillsborough, NJ;
 Gerard H. Llanos, Stewartsville, NJ;

**** CONTINUING DATA *******
 This application is a CIP of 09/850,293 05/07/2001 ABN which is a CIP of 09/575,480 05/19/2000
 and claims benefit of 60/204,417 05/12/2000
 and claims benefit of 60/262,614 01/18/2001
 and claims benefit of 60/262,461 01/18/2001
 and claims benefit of 60/263,806 01/24/2001
 and claims benefit of 60/263,979 01/25/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u><i>S. Kennedy</i></u> Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	----------------------------	---------------------------	--------------------------------

ADDRESS
45511

TITLE
Drug/drug delivery systems for the prevention and treatment of vascular disease

FILING FEE RECEIVED 1660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------